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**\*BIBDATASHEET\***

## Bib Data Sheet

**CONFIRMATION NO. 3881**

<b>SERIAL NUMBER</b> 10/576,555	<b>FILING OR 371(c) DATE</b> 04/19/2006  <b>RULE</b>	<b>CLASS</b> 341	<b>GROUP ART UNIT</b> 2819	<b>ATTORNEY DOCKET NO.</b> NL03 1246 US1					
<b>APPLICANTS</b> Hendrik Van Der Ploeg, Eindhoven, NETHERLANDS; ✓									
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IB04/52129 10/18/2004 ✓									
<b>** FOREIGN APPLICATIONS *****</b> EUROPEAN PATENT OFFICE (EPO) 03103935.7 10/23/2003 ✓									
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/03/2007</b>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">           Foreign Priority claimed  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no.            35 USC 119 (a-d) conditions met  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance            Verified and Acknowledged            Examiner's Signature: <i>Nemmenkhan</i> Initials: <i>KN</i> </td> <td style="width: 15%;"> <b>STATE OR COUNTRY</b>            NETHERLANDS         </td> <td style="width: 10%;"> <b>SHEETS DRAWING</b>            8 ✓         </td> <td style="width: 10%;"> <b>TOTAL CLAIMS</b>            7 ✓         </td> <td style="width: 10%;"> <b>INDEPENDENT CLAIMS</b>            1 ✓         </td> </tr> </table>					Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no. 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>Nemmenkhan</i> Initials: <i>KN</i>	<b>STATE OR COUNTRY</b> NETHERLANDS	<b>SHEETS DRAWING</b> 8 ✓	<b>TOTAL CLAIMS</b> 7 ✓	<b>INDEPENDENT CLAIMS</b> 1 ✓
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no. 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>Nemmenkhan</i> Initials: <i>KN</i>	<b>STATE OR COUNTRY</b> NETHERLANDS	<b>SHEETS DRAWING</b> 8 ✓	<b>TOTAL CLAIMS</b> 7 ✓	<b>INDEPENDENT CLAIMS</b> 1 ✓					
<b>ADDRESS</b> 65913									
<b>TITLE</b> Dual residue pipelined <i>analog-to-digital</i> converter									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> <b>FILING FEE RECEIVED</b>            900         </td> <td style="width: 40%; vertical-align: top;"> <b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:         </td> <td style="width: 30%; vertical-align: top;"> <input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees ( Filing )  <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )  <input type="checkbox"/> 1.18 Fees ( Issue )  <input type="checkbox"/> Other _____  <input type="checkbox"/> Credit         </td> </tr> </table>					<b>FILING FEE RECEIVED</b> 900	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		
<b>FILING FEE RECEIVED</b> 900	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit							